

# CWRF Funding Cycle 2004 Priority List Application

Side 1 of 2 (Use Separate Form for Each Project)

Application # CW - \_ \_ - 2004 (WIFA use only)

## SECTION 1: APPLICANT INFORMATION

- 1.1 Applicant: \_\_\_\_\_ Contact: \_\_\_\_\_
- 1.2 Address: \_\_\_\_\_
- 1.3 Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_
- 1.4 County in Which Project is Located: \_\_\_\_\_
- 1.5 Number of Benefiting Connections: \_\_\_\_\_ Population Served by the System: \_\_\_\_\_
- 1.6 Average Monthly User Fees/Charges (*base & use*) for an Average Residential User: \$ \_\_\_\_\_
- 1.7 Total Debt (*Principal Only*) Payable by System Users: \$ \_\_\_\_\_
- 1.8 ADEQ System Identification Number: \_\_\_\_\_

## SECTION 2: PROJECT DESCRIPTION

- 2.1 Project Title/Name: \_\_\_\_\_
- 2.2 Briefly summarize the reason for the proposed project and/or attach a summary: (*Include a description of the existing facilities, current conditions initiating the proposed project and give details regarding any Notice of Violation(s) and/or Consent Order from a regulating agency. Attach Copy.*)
- 2.3 Is the Project consistent with the Water Quality Management (208) Plan? ☐ Yes ☐ No
- 2.4 Project Description (*Check appropriate Project Category(ies) and Project Type within the Project Category*)
- |   |   |
|---|---|
| <input type="checkbox"/> Facility Upgrade ( <i>Check Project Type</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> Meet More Stringent Standards</li> <li><input type="checkbox"/> Relieve Existing Design Inadequacies</li> <li><input type="checkbox"/> Resolve Existing O/M Violations</li> </ul> | <input type="checkbox"/> Collection Lines ( <i>Check Project Type</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> Extend Service to Unsewered Area with Documented Water Quality Problem</li> <li><input type="checkbox"/> Rehabilitate or Replace Existing Lines</li> <li><input type="checkbox"/> Extend Service to Unsewered Area</li> <li><input type="checkbox"/> Replace Lines for Existing Growth</li> <li><input type="checkbox"/> Replace Lines for Future Growth</li> </ul> |
| <input type="checkbox"/> Expand Treatment Capacity ( <i>Check Project Type</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> Existing Service Area</li> <li><input type="checkbox"/> Unsewered Area Outside Service Area</li> <li><input type="checkbox"/> Future Growth</li> </ul>                   | <input type="checkbox"/> Additional Disposal Capacity   |
- 2.5 Consolidation and Regionalization (*Check appropriate boxes*)
- |   |   |
|---|---|
| <input type="checkbox"/> Consolidate Existing Physical Facilities | <input type="checkbox"/> Consolidate Existing Service Areas |
| <input type="checkbox"/> Consolidate Existing Operations          | <input type="checkbox"/> Consolidate Existing Ownerships    |
- 2.6 Type of Loan required during funding cycle 2004 (*check appropriate box*)
- ☐ Design ☐ Construction

## CWRF Funding Cycle 2004 Priority List Application

Side 2 of 2 (Use Separate Form for Each Project)

### 2.7 Reclaim, Reuse & Recharge:

- a. Will the project reclaim, reuse, or recharge of the wastewater? ☐ Yes ☐ No
- b. If above is "Yes," include the Aquifer Protection Permit # or Application Date:
- c. Will the project recycle wastewater constituents? ☐ Yes ☐ No
- d. If above is "Yes," include Reuse Permit # or Application Date:
- e. Indicate intended use of reclaimed water:

### 2.8 Facility will Discharge to: (Check appropriate box)

- ☐ Surface Water Discharge Name/Location:
- ☐ Groundwater/Aquifer Discharge Name/Location:
- ☐ Other Use (including reclaiming and reusing; summarize on attachment)

## SECTION 3: AMOUNT OF FINANCIAL ASSISTANCE

<u>Total Project Costs</u>	<u>Amount Requested from WIFA</u>	<u>Amount Funded Locally</u>	<u>Amount Funded from Other Sources</u>
\$	= \$	+ \$	+ \$

List Names of Other Funding Sources:

## SECTION 4: READINESS TO PROCEED INDICATORS

### 4.1 Debt Authorization (Authorization through election or special district creation or process.) (Check appropriate box):

- ☐ Authorized – Enclose copy of official election canvas or copy of special district proceedings.
- ☐ Scheduled – Anticipated Election or Authorization Date (insert date):
- ☐ No Plans to Schedule within Funding Cycle – January 2004 through December 2004.

### 4.2 Project Plans & Specifications: (Check appropriate box)

- ☐ Approved – Enclose Approval Notification.
- ☐ Scheduled for Approval – Anticipated Approval Date (insert date):
- ☐ Not Applicable – Explain:

### 4.3 Applicable Local, State, and Federal Project Permits: (Check appropriate box)

- ☐ Obtained – Enclose Approval Notification(s).
- ☐ Scheduled to Obtain Permit(s) – Anticipated Permit(s) Date (insert date):
- ☐ Engineer Selected – Anticipated Start Date (insert date):
- ☐ Engineer Not Selected
- ☐ Date of Approval Unknown
- ☐ Not Applicable - Explain

### 4.4 Project Bids: (Check appropriate box)

- ☐ Accepted
- ☐ Scheduled to Solicit Bids – Anticipated Solicitation Date (insert date):
- ☐ Date of Bid Solicitation Unknown

## SECTION 5: CERTIFICATION & APPROVAL

*As the Authorized Representative, I certify that the information contained in this application is, to the best of my knowledge, true, accurate, and correct.*

Signature:

Title:

Date: